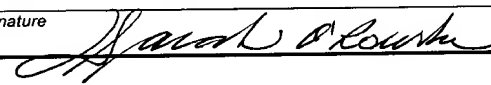
 FEE TRANSMITTAL for FY 2002		Complete if Known	
TOTAL AMOUNT OF PAYMENT (\$)		(\$105.00)	
Application Number		09/944,604	
Filing Date		August 31, 2001	
First Named Inventor		Gerdes et al.	
Examiner Name		1655	
Group / Art Unit		XTR004 CIP	
Attorney Docket No.		1655	

METHOD OF PAYMENT (check one)				FEE CALCULATION (continued)																																																																																																																							
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: 50-1123 Deposit Account Name: Hogan & Hartson L.L.P. <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR § 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				3. ADDITIONAL FEES																																																																																																																							
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SUBMITTED BY Complete (if applicable)		Registration No.		Telephone	
Name (Print/Type) Sarah O'Rourke		41,226		(720) 406-5385	
Signature 		Date		Nov. 20, 2001	

PTO
NOV 28 2001
JUL 28 2001
FEE TRANSMITTAL
for FY 2002

TOTAL AMOUNT OF PAYMENT (\$) **(\$105.00)**

Complete if Known

Application Number	09/944,604
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First Named Inventor	Gerdes et al.
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Attorney Docket No.	XTR004 CIP

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number **50-1123**

Deposit Account Name **Hogan & Hartson L.L.P.**

☒ Charge Any Additional Fee Required Under 37 CFR § 1.16 and 1.17

☒ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ **Payment Enclosed:**

☒ Check ☐ Money Order ☐ Other

FEE CALCULATION

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Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
710	355	Utility Filing Fee	
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710	355	Reissue filing fee	
150	75	Provisional filing fee	
SUBTOTAL (1)			(\$)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
20**=			
Independent Claims	-3**=		
Multiple Dependent			

***or number previously paid, if greater; For Reissues, see below*

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3. ADDITIONAL FEES

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Other fee (specify)			
SUBTOTAL (3)			(\$ 105.00)

*Reduced by Basic Filing Fee Paid

SUBMITTED BY Complete (if applicable)

Name (Print/Type)	Sarah O'Rourke	Registration No. (Attorney/Agent)	41,226	Telephone	(720) 406-5385
Signature	<i>Sarah O'Rourke</i>			Date	Nov. 28, 2001